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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

SCANNED MAY 26

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► Information about Form 990-PF and its separate instructions is at www.irs. nov/form990nf

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For cal		7 /07 and its separate i		· 1-F-	en to Public Inspection
ror car	endar year 2016 or tax year beginning	7/07 , 2016.	, and ending 12/	/31 , 2016 A Employer identification nur	mhos
BILE	K CHARITABLE FOUNDATION			81-3175878	nder
2864	S FAIRVIEW ST		Ī	B Telephone number (see inst	ructions)
SANT	A ANA, CA 92704		L	562 - 756-9231	
				C If exemption application is	pending check here
G Che	eck all that apply X Initial return	Initial return of a form	nor public charity		
	Final return	Amended return	ner public criainty	D 1 Foreign organizations, cher	ck here
	Address change	Name change		2 Foreign organizations meet	ing the 85% test, check
H Che		(c)(3) exempt private f	oundation	here and attach computation	on P
	Section 4947(a)(1) nonexempt charitable to		I	E If private foundation status	was terminated
1 Fair		ounting method X C		under section 507(b)(1)(A)	
	m Part II, column (c), line 16)	Other (specify)	L	F If the foundation is in a 60	month termination
\$	2,963,178. (Part I,	column (d) must be or	n cash basis)	under section 507(b)(1)(B)	
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment		(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)				purposes (cash basis only)
	(see instructions))				(casii basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)	3,000,000.			
	2 Check Lif the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,628.	5,62	8.	
	5 a Gross rents				
	b Net rental income or (loss).				
REVENUE	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all		ilen er		
v	assets on line 6a			<u> </u>	
·E	/ Capital gain net income (from Part IV, line 2). 8 Net short term capital gain.				
Ü	9 Income modifications				
Ē	10 a Gross sales less returns and		5-2. We all the	<u>- 1.1</u> Gundan - 10 on 11 weeks 14 40 40 50 <u>18</u>	
	allowances				
	b Less Cost of goods sold			RECEIVELY	
	C Gross profit or (loss) (attach schedule)	<u> </u>	SELVER FOR		10.7 /20.4 - 12+4.
	11 Other income (attach schedule)			MAY 2 2 2017 12	
			780	WATES	
	12 Total. Add lines 1 through 11 13 Compensation of officers directors trustees etc.	3,005,628.	5,62	8	
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.	\	GOEN, UI	الم
	15 Pension plans, employee benefits				
А	16a Legal fees (attach schedule) SEE ST 1	10,901.			
D M	b Accounting fees (attach sch)	10,501.			
1 1 N	€ Other professional fees (attach sch)	<u> </u>		-	-
0 1	17 Interest			·- - -	
	18 Taxes (attach schedule)(see instrs)				
R R A A T T	19 Depreciation (attach				
1 1	schedule) and depletion 20 Occupancy				
N V G E	21 Travel, conferences, and meetings				
ΑE	22 Printing and publications				
A E N X D P	23 Other expenses (attach schedule)		 		
EXPENSES					
S E	24 Total operating and administrative				
s	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	10,901.			
	26 Total expenses and disbursements	31,570.			31,570.
	Add lines 24 and 25	42,471.		0. 0.	31,570.
	27 Subtract line 26 from line 12	*27.1.1.		<u> </u>	31,370.
	a Excess of revenue over expenses	0.000.00			<u> </u>
	and disbursements	2,963,157.		0	
	D Net investment income (if negative, enter 0)		5,62		
	C Adjusted net income (if negative, enter -0)				1

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30

6 2,963,157.

(a) List and describe	e the kind(s) of property sold (e.g., re	eal estate,	(b) How acquired P — Purchase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
	nouse, or common stock, 200 shares	MLC Company)	D — Donation	(110 ; 007; 717	(1.0 , 0.0),), /
1 a N/A b					
С					
d		·			
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	
a .					
b c					
	 				
е					
Complete only for assets show	wing gain in column (h) and owned b	y the foundation on 12/31		(I) Gains (Col	(h)
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		ain minus col (k), l an -0-) or Losses (f	
a			. –		
<u>b</u>	 - 				
	+				
	+				
2 Capital gain net income or (n		enter in Part I, line 7 ter -0- in Part I, line 7	_ 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5			<u> </u>	
If gain, also enter in Part I, Iii in Part I, Iine 8	ne 8, column (c) (see instructions) II	f (loss), enter -0-	_ 3		
	er Section 4940(e) for Reduce	d Tax on Net Investr	-	<u> </u>	
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable a railify under section 4940(e). Do not on each column for each year, see the interpretation.	complete this part structions before making an		Yes (d)	☐ No
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	ssets	Distributio (col. (b) divided	
2015					
2014					
2013	<u> </u>				
2012					
	<u> </u>			τ	
2 Total of line 1, column (d)	•		2		
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the on has been in existence if less than	total on line 2 by 5, or by a 5 years	the 3		
4 Enter the net value of noncha	arıtable-use assets for 2016 from Pai	rt X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6	ļ	
7 Add lines 5 and 6	-		7		
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, line	e 1b, and complete that part	t using a 1% tax	rate. See the	

Form	990-PF (2016) BILEK CHARITABLE FOUNDATION 81-3175878		P	age 4
Par		s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter. (attach copy of letter if necessary – see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1	13.
	check here. ► and enter 1% of Part I, line 27b			-
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			0.
	Add lines 1 and 2		1	<u>13.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	13.
	Credits/Payments			
	2016 estimated tax pmts and 2015 overpayment credited to 2016			
	Exempt foreign organizations — tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868)			i
	Backup withholding erroneously withheld 6d 6d			لـــا
	Total credits and payments. Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	<u>.13.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			12
_	or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1 c		X
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow \$			* 4
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers \$		1 " "." 1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-1		
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4ь	N	/ <u>A</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If 'Yes,' attach the statement required by General Instruction T			[.]
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			- 1
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
-	with the state law remain in the governing instrument?	6	_X_	 -
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7	X	 -
оa	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CA			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction 6? If 'No,' attach explanation	8b	X	
^				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10				 -
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 2	10	x	1
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rai	t vii-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address . N/A			
14	The books are in care of ► MICHAEL BILEK Telephone no ► 562-7	<u>56-9</u>	<u>231</u> _	
15	Located at <u>2864 S. FAIRVIEW STREET SANTA ANA CA</u> ZIP + 4 <u>92704</u> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	_N/Ā		т.
	and enter the amount of tax-exempt interest received or accrued during the year	47 A		∐ N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?.			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		, .	, ,
	(5) Transfer any income or assets to a disqualified person (or make any of either available			100
	for the benefit or use of a disqualified person)?	3 6 -	·- ,	7 j~-
	(6) Agree to pay money or property to a government official? (Exception, Check 'No' if the	4 1 1 To	. 3.	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	- 25m	,	
		" " " " " " " " " " " " " " " " " " "		
i	b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4 941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 h	ì	/ 7
	Organizations relying on a current notice regarding disaster assistance check here	10	T/s 編	/ A
,	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	22.00	ASTA MARKATE	
`	that were not corrected before the first day of the tax year beginning in 2016?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	* _^3;		
á	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No	1		
	If 'Yes,' list the years ► 20 _ , 20 _ , 20	- 5	· ,	
	_ _	,	-	
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-		
	all years listed, answer 'No' and attach statement — see instructions)	2 b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 ,20 ,20 ,20		-	
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
ŀ	If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any nurchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or			
	(3) the labse of the 10 15-, or 20-year first phase holding period? Alse Schedule C. Form 4720, to			ļ
	determine if the foundation had excess business holdings in 2016.)	3 b	N	/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its	_		
	charitable purposes?	4 a	_	X
ŀ	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		Х
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Form 990-PF (2016) BILEK CHARITABLE F	OUNDATION	1988 11 6 6	81-3	317587	8	Page 6
Part VII-B Statements Regarding Activiti		4/20 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	-		П.,			
(1) Carry on propaganda, or otherwise attemp	•	•	. LYes	Х Ио		
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra			Yes	X No		
(3) Provide a grant to an individual for travel,	•	•	∐Yes	X No		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc , organi)	zation described	Yes	X No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes	X No		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excer ling disaster assistance	otions		5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	e check here	•			
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respons	the foundation claim ex- sibility for the grant?	emption from the	N/A \ Yes	— ∏ No		
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	5–5(d)	-	_		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premiums	Yes	X No		
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene	fit contract?		6 Ь	X
If 'Yes' to 6b, file Form 8870	latina a nashi ta a nish	hited to cheller transc	ation? Dv	₩.		-
7a At any time during the tax year, was the found b if 'Yes,' did the foundation receive any procee			L_J	X No	7 b	
Part VIII Information About Officers, D				N/A d Emple		
and Contractors	irectors, Trustees,	i odiidalion manaj	gers, ringing i an	и Етгри	oyees	'•
1 List all officers, directors, trustees, foundation	n managers and their o	ompensation (see inst	ructions).			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions t employee benet plans and deferr compensation	fit (e) E	xpense other all	e account, lowances
MICHAEL A. BILEK	DIRECTOR	0.	0			0
2864 S. FAIRVIEW STREET SANTA ANA, CA 92704	2.00					
ALEXA A. BILEK	DIRECTOR	0.	0	١.		0
2864 S. FAIRVIEW STREET SANTA ANA, CA 92704	2.00					
JENNA N. BILEK 2864 S. FAIRVIEW STREET SANTA ANA, CA 92704	DIRECTOR 2.00	0.	0) -		0
					-	
				1		
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NC	ONE.		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions t employee benef plans and deferr compensation	fit (e) E	Expense other al	e account, lowances
NONE						
	 					
	1	<u> </u>	L			
Total number of other employees paid over \$50,00	0					(CO16)

	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er	
	and Contractors (continued)	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
-		
-		
Total	number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
List th	e foundation's four Targest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	37/3	
•	. <u>N/A</u>	-
2		
3		
	,	
_		
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	·
	tribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	the transfer pregiant folded invocation in index by the foundation during the tax year of times I did 2	7 111100111
	N/A	
2		
All	other program-related investments. See instructions	
3		
	I. Add lines 1 through 3	0.
BAA		Form 990-PF (2016)

Adjusted qualifying distributions. Subtract line 5 from line 4

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: ī a a Average monthly fair market value of securities 910,059. 1 b b Average of monthly cash balances 564,809. c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a. b. and c) 1 d 1,474,868. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0 2 Acquisition indebtedness applicable to line 1 assets 2 n Subtract line 2 from line 1d 3 1,474,868. Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) Δ 22,123. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 452,745. SHORT YEAR MODIFIED PERCENTAGE 2.4317 % Minimum investment return. Enter 5% of line 5. 6 35,326. Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations \(\text{and do not complete this part.} \) and certain foreign organizations check here Minimum investment return from Part X, line 6 1 35,326. 2a Tax on investment income for 2016 from Part VI, line 5 2a 113 b Income tax for 2016 (This does not include the tax from Part VI.) 2b 2 c c Add lines 2a and 2b 113. 3 3 Distributable amount before adjustments Subtract line 2c from line 1 35,213. 4 Recoveries of amounts treated as qualifying distributions 5 35,213. 6 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 35,213. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. <u>31,</u>570. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a **b** Program-related Investments - total from Part IX-B. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 - ري يع 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a **b** Cash distribution test (attach the required schedule). 3 b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 31,570 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part 1, line 27b (see instructions). 5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2016)

31,570

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7	· · · · · · · · · · · · · · · · · · ·			25 212
2 Undistributed income, if any, as of the end of 2016				35,213.
a Enter amount for 2015 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012			ļ	
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2016 from Part				
XII, line 4 ► \$ 31,570.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior years				
(Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2016 distributable amount				31,570.
e Remaining amount distributed out of corpus	0.		~ ~~	
5 Excess distributions carryover applied to 2016	0.	<u> </u>		0.
(If an amount appears in column (d), the		7, 7		
same amount must be shown ın column (a))				
6 Enter the net total of each column as				
6 Enter the net total of each column as indicated below:	J. The Rich			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b	######################################	C. Calabra V. Salar V		
		0.		CONTRACTOR OF THE CASE
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.	, , , , , , , , , , , , , , , , , , ,	
e Undistributed income for 2015 Subtract line 4a from		•		
line 2a Taxable amount — see instructions.	-	,	0.	
f Undistributed income for 2016 Subtract lines	- "			
4d and 5 from line 1. This amount must be			,	
distributed in 2017				3,643.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by		<u> </u>		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions).	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017.	0.		*****	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2012	1			
b Excess from 2013	1			
c Excess from 2014	1			
d Excess from 2015]			
e Excess from 2016.			1	

Form 990-PF (2016) BILEK CHARITABLE				81-3175878	Page 10
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2016, enter the date of the	rmination letter that i ruling	t is a private operation	ng foundation, and th	ie ruling	
b Check box to indicate whether the foundat	•	rating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
each year listed . b 85% of line 2a .					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c		th.kemik			
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter:			7.5		
(1) Value of all assets	 				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					ĺ
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the Information Regarding Foundation Manage List any managers of the foundation who have close of any tax year (but only if they have MICHAEL A. BILEK	ie year — see in: gers: e contributed more th	structions.) nan 2% of the total co	ontributions received		
b List any managers of the foundation who owr a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporatio 0% or greater interes	n (or an equally large est.	e portion of the owne	rship of
2 Information Regarding Contribution, Grant, Check here X if the foundation only ma requests for funds If the foundation makes g complete items 2a, b, c, and d. a The name, address, and telephone number of	akes contributions to ifts, grants, etc (see	preselected charitabl instructions) to indiv	iduals or organization	ns under other condit	
a me name, address, and telephone number o	o Carrian address of the	ie person to whom a	pplications should be	, addi 63360	-
b The form in which applications should be	submitted and infor	mation and materia	ils they should inclu	ıde.	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hıcal areas, charita	ble fields, kinds of	institutions, or other	factors
BAA	TE	EA0310L 12/16/16			orm 990-PF (2016)

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Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year ORANGEWOOD FOUNDATION NONE PC 2016 AMBASSADOR 15,000. 1575 EAST 17TH STREET LUNCH SPONSORSHIP SANTA ANA CA 92705 THE SHEA CENTER NONE PC BBQ FOSHEIM FUND 16,570. 26284 OSO RD. SAN JUAN CAPISTRANO CA 92704 Total 3 a 31,570. b Approved for future payment 3 b Total

	A Analy 313 of Income Troudening					
Enter gross	s amounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclu- sion	section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions.)
1 Progr	am service revenue.			code		
a		<u> </u>				
b		<u> </u>		 		<u> </u>
ິ່ງ		 		 		
d		 		+		
e		┼		 		
a Fees	and contracts from government agencies	 		 		
_	pership dues and assessments			+		
	it on savings and temporary cash investments			+	 -	
	ends and interest from securities			14	5,628.	
	ental income or (loss) from real estate			1 - 7	3,020.	
	financed property	 		 		
	lebt-financed property			 		
6 Net rei	ntal income or (loss) from personal property			 		
7 Other	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net in	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	rrevenue					
a						
b						
c						
d		ļ				
e		12 2 2		-		
IZ Sunta	otal Add columns (b), (d), and (e)			+'+',	5,628.	
						E 600
13 Total	. Add line 12, columns (b), (d), and (e)				13	5,628.
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculati	ons)	ishment of Evem	nt Purnos	· · · · · · · · · · · · · · · · · · ·	5,628.
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculati	ons) e Accompl		<u>-</u>	es	
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
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13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) e Accompl		<u>-</u>	es	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organiz	ations				•				
aescribed	rganization directly d in section 501(c) o o political organizat	of the Code (oth	gage in any of the er than section 50	e following wit 01(c)(3) organ	th any ot	ther organization) or in section!	n 527,		Yes	No
•	from the reporting		noncharitable ex	emnt organiz	ation of				- 1	1
(1) Cash		Touridation to a	nonchantable ex	compt organiza	ation or.			12(1)		
(2) Othe		•						1 a (1)		X
b Other tra		•						1 a (2)		<u>X</u>
	s of assets to a non	abardabla ayam								_ <u></u>
								16(1)		<u>X</u>
	hases of assets from			zatiort				1 b (2)		<u>X</u>
1	al of facilities, equip	•	assets					1 b (3)		<u>X</u>
• •	bursement arrange							1 b (4)		<u>X</u>
` '	s or loan guarantee							1 b (5)		<u>X</u>
	ormance of services							1 b (6)		<u>X</u>
C Sharing C	of facilities, equipme	erit, mailing lists	s, other assets, or	r paid employ	ees			1 c		<u>X</u>
the goods	swer to any of the a s, other assets, or ser saction or sharing ar	vices given by the	e reportina founda:	tion If the four	ndation re	eceived less than	n fair market v	alue in	ue of	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d)	Description of tran	sfers, transactio	ns, and sharing arrar	gement	<u>s</u>
N/A			_							
	<u> </u>									
								· ·-		
			<u>- · </u>							
T =										
described	ndation directly or inc	of the Code (oth	with, or related to, er than section 50	one or more ta 01(c)(3)) or in	x-exemp section	ot organizations 527?		Yes	X	No
	complete the follows Name of organization		(h) Type of	f organization			1 Decorintion	of relationship		
N/A	Traine of organizati	011	(b) Type of	i organization		(6	, Description	of relationship		
N/A		-		 -	-					
					-					
							-			
Under oe	enalties of periury. I declar	e that I have examine	ed this return, including	. accompanying sc	hedules an	d statements and to	the hest of my k	nowledge and belief i	t is true	
Sign Here	enalties of perjury. I declar and complete Declaration	of preparer (other the	//	5-9-201	<u>></u> ▶	Parer has any know	ledge	May the I this return preparer (see insti	RS discu n with the shown b	uss e elow
	Print/Type preparer's nan	ne	Preparer's sign			Date	- Charle	If PTIN		لتني
Baid			1 61		NT.	5-9-1	7 Check self-employ	□"	150E	
Paid Page 1	JEFFREY ISAA		JEFFREY	ISAACSO	N	1-1.	, ' 	120000	202	—
Preparer		APKEN & LC		MDOE.			Firm's EIN	11-3118865	-	
Use Only	Firm's address 3		PARK DR. 1					(F1.6) 000 F	- 0 0 0	
24.4	I	OODBOKY, N	Y 11797-201	TU			Phone no	(516) 822-		
BAA								Form 99	J-PF (2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

ochedule of contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2016

name of the organization		Employer Identification number
BILEK CHARITABLE FOUNDATION		81-3175878
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	ate roundation
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions tota	iling \$5,000 or more (in money or
property) from any one contributor Comple	te Parts I and II. See instructions for determining a contribute	tor's total contributions
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations
received from any one contributor, during the	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that 2% of the amount on (1)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1 Complete Parts I and II	V
Ear an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, li	terary, or educational
purposes, or for the prevention of cruelty to	children or animals Complete Parts I, II, and III	
	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received t r religious, charitable, etc., purposes, but no such contributi	
	ie total contributions that were received during the year for a	
charitable, etc., purpose Don't complete ar	ly of the parts unless the General Rule applies to this organ	zation because
it received nonexclusively religious, charitat	ole, etc , contributions totaling \$5,000 or more during the yea	ar ▶ २
		. I. D. (E
 Caution. An organization that isn't covered by the second s	he General Rule and/or the Special Rules doesn't file Sched ie 2, of its Form 990, or check the box on line H of its Form	uie B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 990	0-PF)



CITIBANK, N.A. DIRECTED AGENT FOR THE BILEK CHARITABLE FOUNDATION



Trust Account — **c7B032086006**

Statement Period 01 Dec 2016 — 31 Dec 2016

INVESTMENT POSITIONS — PRINCIPAL

Reference Currency USD

CASH 100% SORTED BY LIQUIDITY									
Description	Quantity	Average/ Unit Cost	Adjusted Cost	Market Price As of Date	Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
Investment Cash and Cash Equivalents (USD) USD	0		00 0		00 0	00 0	00 0		00 0
WESTERN ASSET INST GOVT-INST Bate , 0002%	14,391 85	100	14,391 85		14,391 85	125 85	14,517 70	00 0	66 20
CUSIP 52470G791 Yield 46% Total Cash			14,391.85		14,391.85	125.85	14,517.70	0.00	66.20
			Adjusted Cost		Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
TOTAL INVESTMENT POSITIONS — PRINCIPAL			14,391.85		14,391.85	125.85	14,517.70	0.00	66.20



Trust Account — **C7B**032086006

Statement Period 01 Dec 2016 — 31 Dec 2016

INVESTMENT POSITIONS — INCOME

Reference Currency USD

CASH 100% SORTED BY LIQUIDITY									
Description	Quantity	Average/ Unit Cost	Adjusted Cost	Market Price As of Date	Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
Investment Cash and Cash Equivalents (USD)									
OSN	0	1	000		00 0	00 0	0.00	1	00 0
				I					
WESTERN ASSET INST GOVT-INST	618 69	100	618 69	-	618 69	0.28	61897	000	2 85
Rate 0002% CUSIP 52470G791 Yield 46%				l					
Total Cash		,	618.69		618.69	0.28	618.97	0.00	2.85
	!		Adjusted Cost		Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
TOTAL INVESTMENT POSITIONS — INCOME			618.69		618.69	0.28	618.97	0.00	2.85
			Adjusted Cost	!	Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
TOTAL INVESTMENT POSITIONS - PRINCIPAL AND INCOME	COME		15,010.54		15,010.54	126.13	15,136.67	0.00	69.05

[&]quot;Multiple" in reference to an Acquisition Date, indicates that there is more than one acquisition date for a position

"Original Cost" is the amount paid for an investment excluding any accrued interest. Original Cost represents positions' par amount times the acquisition price. It remains constant over the life of an investment to the expected redemption amount or face value.
"Adjusted Cost" is the Original Cost of acquisition plus or minus any accretion or amortization amounts. Accretion and amortization calculations adjust the Original Cost basis over the life of the investment to the expected redemption amount or face value.



Trust Account — **c92180485006**

Statement Penod 01 Dec 2016 — 31 Dec 2016

INVESTMENT POSITIONS — PRINCIPAL

Reference Currency: USD

Description	Quantity	Average/ Unit Cost	Adjusted Cost	Market Price As of Date	Market Value	Accrued	Total Value	Unrealized Gain/(Loss)	Est Annual Income
Investment Cash and Cash Equivalents (USD) USD	0	1	000		00 0	00 0	0.00		0.00
WESTERN ASSET INST GOVT-INST Rate 0002% CUSIP 52470G791 Yield 46%	24,000	100	24,000.00	- 1	24,000 00	154	24,001 54	000	110.40
Total Cash		((24,000.00		24,000.00	1.54	24,001.54	00'0	110.40
FIXED INCOME 99.18% SORTED BY CALL DATEMATURITY DATE	LL DATE/MATURIT	Y DATE				; ;	 		
	Ouantity Acquisition Date	Average/ Unit Cost	Adjusted Cost Original Cost	Market Price As of Date	Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
High Yield Bonds (USD)									
KEY 5 12/29/49 Rate 5% Pay Frqncy Quarterly Call 15SEP26 @ 100 S&P BB+ Moodys Baa3 CUSIP 493267AK4 Yield 5 42%	200,000 20DEC16	93 625	187,250 00 187,250 00	92 25 30DEC16	184,500 00	416 67	184,916 67	(2,750 00)	10,000 00
BANK OF AMERICA CORP Rate 5 125% Pay Francy Semi Annual Call 17JUN19 @ 100 S&P BB+ Moodys Ba2 CUSIP 060505EG5 Yield 5.2%	1,000,000 09N0V16	66	00 000 066	98 5 30DEC16	985,000 00	1,850 69	986,850 69	(5,000 00)	51,250 00

Page 15 of 21

B. Net Churtsuse to Intern Eld. 81-3175878

Reference Currency USD

Trust Account — **c92180485006**

Statement Period 01 Dec 2016 — 31 Dec 2016

INVESTMENT POSITIONS — PRINCIPAL

FIXED INCOME CONTINUED

Description	Quantity Acquisition Date	Average/ Unit Cost	Adjusted Cost Original Cost	Market Pnce As of Date	Market Value	Accrued Interest	Total Value	Unrealized Gain/(Loss)	Est Annual Income
Other Fixed Income (USD) CONTINUED JPMORGAN CHASE & CO Rate 5 3% Pay Francy Semi Annual Call OTMAY20 @ 100 S&P BBB- Moodys Baa3 CUSIP 46625HKK5 Yield 5.19%	500,000 09N0V16	102	510,000 00	102 056 300EC16	510,280 00	4,343 06	514,623 06	280.00	26,500 00
GOLDMAN SACHS GROUP INC/THE Rate 5.375% Pay Frqncy Semi Annual Cail 10MAY/20 @ 100 S&P BB Moodys Ba 1 CUSIP 38148BAB4 Yield 5.32%	500,000 09N0V16	101 25	506,250 00	101 30DEC16	202,000 00	3,732 64	508,732 64	(1,250 00)	26,875 00
CITIGROUP INC Rate 5 9% Pay Francy Semi Annual Call 15FEB23 @ 100 S&P BB+ Moodys Ba2 CUSIP 1729676F2 Yield 5 83%	500,000 14NOV16	101 375	506,875 00	101 125 30DEC16	505,625 00	11,062 50	516,687 50	(1,250 00)	29,500 00
FIFTH THIRD BANCORP Rate 5 1% Pay Frqncy Semi Annual Call 30UIN23 @ 100 S&P BB+ Moodys Baa3 CUSIP 316773CM0 Yield 5.47%	200,000 20DEC16	94.375	188,750 00 188,750 00	93.25 30DEC16	186,500 00	5,100 00	191,600 00	(2.250 00)	10,200 00
Total Fixed Income			2,889,125.00		2,876,905.00	26,505.56	2,903,410.56	(12,220.00)	154,325.00
,TOTAL INVESTMENT POSITIONS — PRINCIPAL			Adjusted Cost 2,913,125.00		Market Value 2,900,905.00	Accrued Interest 26,507.10	Total Value 2,927,412.10	Unrealized Gain/(Loss) (12,220.00)	Est Annual Income 154,435.40

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CITIBANK, N.A. DIRECTED AGENT FOR THE BILEK CHARITABLE FOUNDATION TRADING

Page 16 of 21

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Trust Account — **c92180485006**

B. 1 et Chartes touteter EW: 81-3178

Reference Currency: USD

Statement Period 01 Dec 2016 — 31 Dec 2016

INVESTMENT POSITIONS — INCOME

CASH 100% SORTED BY LIQUIDITY									
Description	Quantity	Average/ Unit Cost	Adjusted Cost	Market Price As of Date	Market Value	Accrued Interest	Total Value	Unrealized Gaın/(Loss)	Est Annual Income
Investment Cash and Cash Equivalents (USD)									
OSO	0	1	00 0		00 0	00 0	00 0		00 0
WESTERN ASSET INST GOVT-INST Rate 0002% CUSIP 52470G791 Yield .46%	20,624 64	100	20,624 64	-	20,624 64	4 1 4	20,628 78	00 0	94 87
Total Cash			20,624.64		20,624.64	4.14	20,628.78	0.00	94.87
			Adjusted Cost		Market Value	Accrued Interest	Total Value	Total Value Unrealized Gain/(Loss)	Est Annual Income

TOTAL INVESTMENT POSITIONS - PRINCIPAL AND INCOME

TOTAL INVESTMENT POSITIONS — INCOME

Adjusted Cost" is the Original Cost of acquisition plus or minus any accretion or amortization amounts. Accretion and amortization calculations adjust the Original Cost of acquisition plus or minus any accretion or amortization amounts. Accretion and amortization calculations adjust the Original Cost of acquisition plus or minus any accretion or amortization amounts. Adjusted Cost of acquisition plus or minus any accretion or amortization amounts.

Est Annual

Unrealized Gain/(Loss) (12,220.00)

Total Value

Accrued Interest 26,511.24

Market Value

Adjusted Cost 2,933,749.64

2,921,529.64

2,948,040.88

154,530.27

94.87

0.00

20,628.78

4.14

20,624.64

20,624.64

[&]quot;Multiple" in reference to an Acquisition Date, indicates that there is more than one acquisition date for a position
"Original Cost" is the amount paid for an investment excluding any accrued interest. Original Cost represents positions' par amount times the acquisition price. It remains constant over the life of an investment

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2016

Name of the organization		Employer Identification number
BILEK CHARITABLE FOUNDATION		81-3175878
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number)	organization
	4947(a)(1) nonexempt charitab	le trust not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private found	ation
	4947(a)(1) nonexempt charitab	le trust treated as a private foundation
	501(c)(3) taxable private found	ation
Check if your organization is covered by the Ge	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both t	he General Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, 99 property) from any one contributor Co	O-EZ, or 990-PF that received, during the inplete Parts I and II See instructions for	e year, contributions totaling \$5,000 or more (in money or determining a contributor's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A) received from any one contributor, dur	(vi) that checked Schedule A (Form 990 or	at met the 33-1/3% support test of the regulations 990-EZ), Part II, line 13, 16a, or 16b, and that eater of (1) \$5,000 or (2) 2% of the amount on (i) I
during the year, total contributions of r	n 501(c)(7), (8), or (10) filing Form 990 ore than \$1,000 <i>exclusively</i> for religious by to children or animals Complete Part	or 990-EZ that received from any one contributor, s, charitable, scientific, literary, or educational is I, II, and III
during the year, contributions exclusive \$1,000 If this box is checked, enter he charitable, etc., purpose Don't comple	ly for religious, charitable, etc., purpose	
	by the General Rule and/or the Special /, line 2, of its Form 990, or check the b	Rules doesn't file Schedule B (Form 990, 990-EZ, or lox on line H of its Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org	CHARITABLE FOUNDATION	1 ' -	r Identification number
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	•	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL BILEK		Person X Payroll
	2864 S. FAIRVIEW STREET	\$3,000,000.	Noncash
	SANTA ANA, CA 92704		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ -	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
BAA	TEEA0702L 08/09/16	Schedule B (Form 9:	90, 990-EZ, or 990-PF) (2016)

	•			
Schedule I lame of orga	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 to Employer idea	1 of Part II
-	CHARITABLE FOUNDATION		81-3175	
Partill \$	Noncash Property (see instructions) Use duplicate copies of Part II if additional	space is nee	eded	
(a) No. from Part I	(b) Description of noncash property given	FMV (d	(c) or estimate) estructions)	(d) Date received
	N/A	-		
		 \$	-	
(a) No. from Part I	(b) Description of noncash property given	FMV (d	(c) or estimate) astructions)	(d) Date received
		- 		
(a) No. from Part I	(b) Description of noncash property given	FMV (o	(c) or estimate) ostructions)	(d) Date received
		\$ 	-	
(a) No. from Part I	(b) Description of noncash property given	FMV ((c) or estimate) ostructions)	(d) Date received
		- - \$		
(a) No. from Part I	(b) Description of noncash property given	FMV ((c) or estimate) ostructions)	(d) Date received
		-] - \$		
(a) No. from	(b) Description of noncash property given	FMV ((c) or estimate)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

BAA

ame of organ			Page	Employer identification number	
Part III	EXCLUSIVELY religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	the year from any one contributions part III, enter the total (Enter this information once Se	itor. Complete colum of <i>exclusively</i> religi	ns (a) through (e) and	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	,	(d) Description of how gift is held	
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addre	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationsh	ip of transferor to transferee	
		- 	 _		

2016	FEDERAL STATEMENTS	PAGE 1
	BILEK CHARITABLE FOUNDATION	81-317587
STATEMENT 1 FORM 990-PF, PART I, LII LEGAL FEES	IE 16A	
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 10,901. TOTAL \$ 10,901. \$ 0. \$	TED CHARITABLE
STATEMENT 2 FORM 990-PF, PART VII-A SUBSTANTIAL CONTRIB	, LINE 10 JTORS DURING THE TAX YEAR	
NAME OF SUBSTANTIAL	CONTRIBUTOR ADDRESS OF SUBSTANTIAL CO	NTRIBUTOR
MICHAEL BILEK	2864 S. FAIRVIEW STREET SANTA ANA, CA 92704	